

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Aaron Jackson

RECEIVED

JUL 14 2016 *AS*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Tomas Dart

Officer Norris

Nurse Jefferson

Cook County

1:16-cv-7258

Judge Joan B. Gottschall

Magistrate Judge Geraldine Soat Brown
PC8

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Aaron E. Jackson
- B. List all aliases: NONE
- C. Prisoner identification number: 20140713218
- D. Place of present confinement: Cook county Jail
- E. Address: P.O. Box 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tomas Dart
Title: Sheriff of Cook county Jail
Place of Employment: Cook county Jail
- B. Defendant: Officer Norris
Title: Correctional Officer
Place of Employment: Cook county Jail
- C. Defendant: Nurse Jefferson
Title: Nurse
Place of Employment: Cook county Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Aaron E. Jackson - vs - Cook County et
Case No. 16-cv-2029
- B. Approximate date of filing lawsuit: 1-28-16
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Aaron E. Jackson
- D. List all defendants: Cook County, Tomas Dart, Cook County Officer
Anderson
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Thomas G. Bruton, United States District Court Northern
District of Illinois
- F. Name of judge to whom case was assigned: Joan B. Gottschall
- G. Basic claim made: Excessive Force
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: 6-8-16

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List all Lawsuits you (and your co-plaintiff, if any) Have filed in any state or Federal court in the United States:

A. Name of case and docket number: Aaron E. Jackson vs. Cook County, et al
Case No. 16cv00012

B. Approximate date of filing lawsuit: 12-18-15

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Aaron E. Jackson

D. List all defendants: Cook County, Tomas Dart, Nurse Jane Doe, Doctor John Doe, and Cook County Sheriff officer John Doe.

E. Court in which the lawsuit was filed (if federal court, name the district; if state court name the county): Thomas G. Bruton Clerk U.S. District Court

F. Name of Judge to whom case was assigned: Joan B. Gottschall

G. Basic claim made: Medical Neglect

H. Disposition of this case (for example: was the case dismissed? was it appealed is it still pending?): Pending

I. Approximate date of disposition 6-8-16

III • List all lawsuits you (and your co-plaintiff, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: Aaron E. Jackson vs. officer Boylewski,
etc... case No. 1:16-cv-5953

B. Approximate date of filing lawsuit: 6-7-16

C. List all plaintiffs (if you had co-plaintiff), including any aliases: Aaron E. Jackson.

D. List all defendants: officer Boylewski, Sheehan, Bryan, commander Cozzolino, and
officer Quintan.

E. Court in which the lawsuit was filed (if federal court, name the district; if state court name the county): Thomas G. Bruton clerk us district court

F. Name of judge to whom case was assigned: Joan B. Gottschall

G. Basic claim made: Sexual Assault & Illegal Search

H. Disposition of this case (for example: was the case dismissed? was it appealed is it still pending? Pending

I. Approximate date of disposition Pending

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On the date of 3-1-16, I was housed in Division 10 tier 3A, when I notice a tremendous amount of water covering the day room floor. I then ask around to other detainees about what happen, and they informed me that a cell room toilet had flooded; and it been coming out quit some time now. I then told the officer who was assigned to that tier that he should call a clean up crew, because the smell was getting bad, and the water were cleaning, but officer Morris just responded nonchalant about the matter, as if it wasn't a issue. A few hours later I forget all about the mess, and was running to get my spot back at the card table, upon this happening I end up slipping and falling on my back in a puddle of water. 15min later a nurse by the name of ms. Jefferson came and said she watch the camera and saw that I failed, but she ~~didn't~~ didn't think I failed that hard to the point I needed medical Attention, she then stated that I need to get up and stop acting like a punk, but I told her that im in too much pain to get up, she then walked off saying she dont have time for games. So I laid right there in the water until two unknown officer came and carry me to the holding cell.

Continued

I stay laying on the floor in the holding cell where the
 officers put me without any medical treatment for my back
 nor any pain medicine for the pain, I waited almost 3 weeks
 before I was seen by a doctor from me putting numerous
 medical slips in complaining about this issue. I was then given
 a X-Ray & some pain pill, and was told I would be fine,
 but im still experiencing pain in my lower back, because of this
 I believe if I would've receive medical attention that day, and
 no deliberate indifference done towards my medical needs, or
 negligence I wouldn't be having these problems. I also sent
 Tomas Dart a letter by u.s mail explaining how his nursing staff
 and correction officers failed to address my medical needs
 seriously & professionally once I injured myself in each county
 establishment. Therefore all defendants are being sued in their corporate,
 official & individual capacity for deliberate indifference to my medical
 needs, negligence, supervisory liability, failure to protect, monetary damages,
 compensatory damages, and also plaintiff would like to state since the
 fall he suffer from permanent disability. Plaintiff also was a
 professional boxer, and was anticipating returning to that profession
 upon his release, as a result of this incident claimant lost
 partial use in his back, and is no longer able to stand up straight
 for a long period of time without being in pain, and is now unable
 to gain fully employment as a boxer consequently, Plaintiff seeks \$2 million
 in damage for lost potential earning, pain & suffering, permanent disability, and
 mental anguish, and any other damages this court deem awardable
 Thank you.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated \$7 million for deliberate indifference to my Medical needs, Negligence, Supervisoral liability, failure to protect, loss of partial use in my back, loss of potential Earning, Pain & Suffering, Monetary Damages, Compensatory Damages, Permanent disability, Mental Anguish and any other damages this court deem awardable

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 5 day of 11, 20 16

Aaron Jackson
(Signature of plaintiff or plaintiffs)

Aaron Jackson
(Print name)

20140713218
(I.D. Number)

P.O. Box 059002
Chicago, IL 60608
(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Jackson	PRINT - FIRST NAME (Primer Nombre): Aaron	INMATE BOOKING NUMBER (# de identificación del detenido): 20140713218
DIVISION (División): 10	LIVING UNIT (Unidad): 1D	DATE (Fecha): 3-1-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) 3-1-16	TIME OF INCIDENT (Hora Del Incidente) around 12:30 pm	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente) Div 10 tier 3A
--	--	--

On the above date, I was housed on tier 3A in Div 10 when I notice a tremendous amount of water cover the day room floor. I then ask around for different detainees what happen to which they replied one of the toilet flushed. I then informed the officer who was working that day of the issue who responded nonchalant to the matter. About three hour later I end up falling as a result because the officer failed to

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like to get the proper Medical treatment for my back, and a X-Ray taken because im still experience pain to my lower back

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Every one that was housed on 3A about the time to officer were's who work on camera

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Jackson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): Cristina	SIGNATURE: [Signature]	DATE CRW/PLATOON COUNSELOR RECEIVED: 3-2-16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE: [Signature]	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

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GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <u>Jackson</u>	PRINT - FIRST NAME (Primer Nombre): <u>Aaron</u>	INMATE BOOKING NUMBER (# de identificación del detenido): <u>20140713218</u>
DIVISION (División): <u>10</u>	LIVING UNIT (Unidad): <u>11D</u>	DATE (Fecha): <u>3-1-16</u>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
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- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) <u>3-1-16</u>	TIME OF INCIDENT (Hora Del Incidente) <u>around 12:30 pm</u>	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente) <u>Div 10 tier 3A</u>
---	---	---

do his job, and just call a clean up crew like I asked now im experience excruciating pain in my lower back cause of it. Now instead of me getting the proper medical attention that after noon, I was drag by the officers to a holding cell, and stuff handle by the officers who drag me down.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like to get proper Medical treatment for my back, and a X-Ray taken because im still experience pain.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Everyone housed on 3A, at this time, the officers who moved the tier, and video camera

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Jackson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <u>Chut Tyler</u>	SIGNATURE: <u>Chut Tyler</u>	DATE CRW/PLATOON COUNSELOR RECEIVED: <u>3-2-16</u>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

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GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Jackson

PRINT - FIRST NAME (Primer Nombre):

Aaron

INMATE BOOKING NUMBER (# de identificación del detenido)

20140713218

DIVISION (División):

9

LIVING UNIT (Unidad):

1F

DATE (Fecha):

4-18-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3-1-16

TIME OF INCIDENT (Hora Del Incidente)

12pm

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 10 3A

I put a grievance in 3-1-16 explaining I had faked because a tremendous amount of water was covering the day room floor, but before the incident occurred I told the officer who was working the tier that he should call a clean up crew, but he just responded nonchalant about the issue. As a result to him not doing his job, I end up falling and hurting my back, I was denied medical attention by nurse Jefferson, who stated stop acting like a

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like for the tier officer Norris to be suspended, as well as Sgt. Dooly. And would like medical attention for my back, And for nurse Jefferson to be relieved of her job for denied me medical attention.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

The whole 3A, and camera

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

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GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Jackson

PRINT - FIRST NAME (Primer Nombre):

Aaron

INMATE BOOKING NUMBER (# de identificación del detenido)

20140713218

DIVISION (División):

9

LIVING UNIT (Unidad):

1F

DATE (Fecha):

4-18-16

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3-1-16

TIME OF INCIDENT (Hora Del Incidente)

Dpm

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 10 tier 3A

Prank and man up, I was later drag by Sgt. Doodley and his officer to a holding cell, because I wasn't able to walk I'm still having excruciating pain since that day and would like to get the proper medical attention please.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like for the tier officer Norris to be suspended also Sgt. Doodley and would like to get Medical Attention and for nurse Jefferson to be relieved of her job for about me Medical Attention.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

The whole 3A
and camera

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Jackson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

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- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Jackson

PRINT - FIRST NAME (Primer Nombre):

Aaron

INMATE BOOKING NUMBER (# de identificación del detenido)

20140713218

DIVISION (División):

10

LIVING UNIT (Unidad):

1D

DATE (Fecha):

3-10-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3-1-16

TIME OF INCIDENT (Hora Del Incidente)

11:00pm

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

Div 10 3A

I place numerous medical slips explaining that I have severe pain in my lower back from falling in a puddle of water from a toilet flooding in Div 10 tier 3A on 3/1/16, but I still haven't got any medical attention to my back. It been over a week, Nurse Jefferson denied me stating I'm acting like a punk, and that I need to man up.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like proper medical attention immediately please...

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)

The whole 3A, and cameras

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Jackson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

CRW Taylor

SIGNATURE:

Taylor

DATE CRW/PLATOON COUNSELOR RECEIVED:

3-11-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2016/1734

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

JACKSON

INMATE FIRST NAME (Primer Nombre):

AARON

ID Number (# de identificación):

20140713218

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 / MEDICAL TREATMENT

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

3 / 3 / 16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See Urgent Care 3/3. X-ray done. Submit to HSRF to request medical services.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Sheker

SIGNATURE:

Susan Sheker

DIV. / DEPT.

DATE:

3 / 3 / 16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____

☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

X Aaron Jackson

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

3 / 27 / 16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):

3 / 22 / 16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

I want to get my medical treatment. I have been in the hospital for 14 days. I have been in the hospital for 14 days. I have been in the hospital for 14 days.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

You continue to be seen by medical providers. You have pain medication ordered.

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

Susan Sheker

SIGNATURE (Firma del Administrador o / su Designado(a)):

Susan Sheker

DATE (Fecha):

4 / 20 / 16

INMATE SIGNATURE (Firma del Preso):

X Aaron Jackson

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelacion):

5 / 21 / 16